

2020

COMMUNITY ASSESSMENT



An assessment of current trends and issues impacting early childhood education in Summit County within a local and state context.

PREPARED BY
Summit Head Start 0-5



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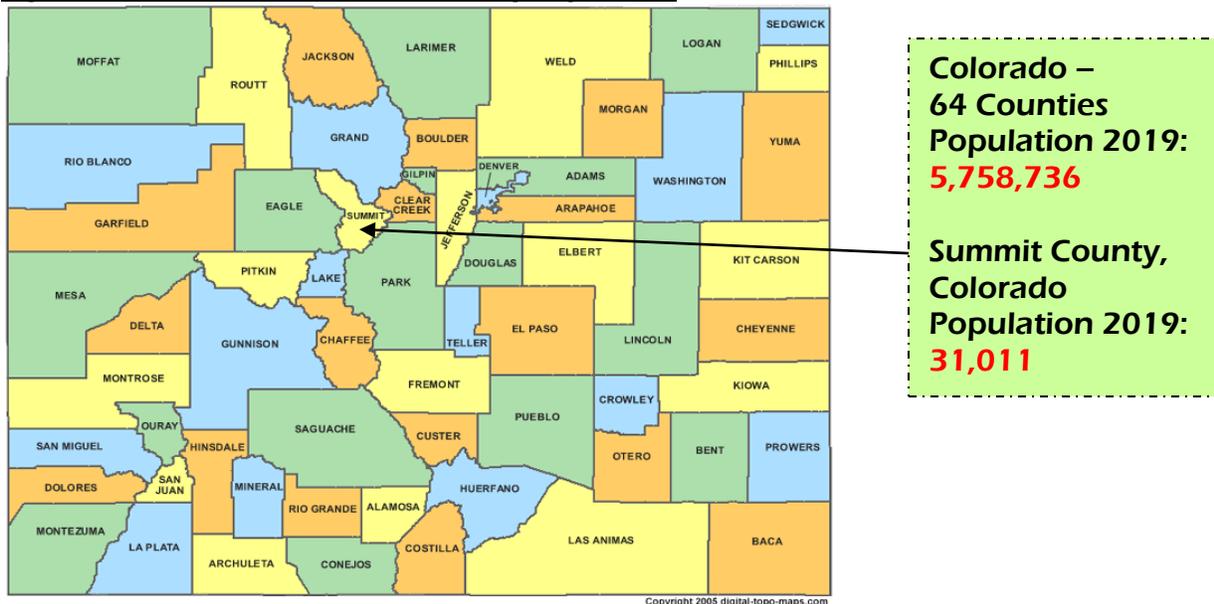
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I. Introduction

General Area Description

Summit County is located among the high peaks of the Colorado Rockies, just on the western side of the Continental Divide, approximately 70 miles west of Denver. Perhaps the County's most majestic characteristic is its towering altitude. Altitude in the County ranges from a low of 7,947 feet above sea level at Green Mountain Reservoir to a skyscraping 14,270 feet at Gray's Peak. Snow became business in Summit County when Arapahoe Basin Ski area opened its slopes in 1946. With the opening of Breckenridge Ski area in 1961, Keystone in 1970, and Copper Mountain in 1972, "The Summit" became one of the greatest destination ski areas in the nation and was coined "Colorado's Playground".

Figure 1: Colorado and Summit County Population



Part of Colorado's Rural Resort region, Summit County residents enjoy the scenic beauty and recreational opportunities that brings many tourists to the region, including 3.4 million skiers each year, more than the population of the entire state of Utah. Of Summit County's 619 square miles, three-quarters is national forest including two designated Wilderness Areas (Eagles Nest and Ptarmigan Peak). That leaves around 150 square miles of private land. Included within the county are six municipalities: Blue River, Breckenridge, Dillon, Frisco, Montezuma, and Silverthorne and an outlying of unincorporated areas.

HS0-5 Program History & Service Delivery Area

Summit Head Start 0-5 (HS0-5) is federally funded to serve 35 children age 3-5 years from low-income families in Summit County, Colorado. In the 2019-2020 program year,

35 Head Start children were served in six preschool classrooms within three Summit School District (SSD) preschools and four classrooms at the two community childcare centers (Summit County Preschool and Lake Dillon Preschool). HS0-5 will be expanding their preschool services into another community childcare center, Carriage House, for the 2020-2021 program year. The SSD classrooms are integrated classrooms serving children funded by state special education, state preschool program, Summit PreK program, and private tuition.

In 2010 Summit County was awarded funding to serve 24 children age prenatal to age 3 from low-income families through home based educational visits. During the 2018-2019 program year, HS0-5 converted home visit slots to childcare slots, and at the end of the 2019 program year, were serving 14 EHS children. 13 of those children were served in our EHS community childcare sites, Summit County Preschool, Lake Dillon Preschool, and Carriage House. One of the EHS slots serves pregnant women, fathers, and partners or other relevant family members through prenatal and postpartum information and visits, education, health services and identifying family needs.

In 2016, HS0-5 began a partnership with Clayton Early Learning, a Denver-based early childhood organization, to serve 12 Early Head Start (EHS) children through an Early Head Start Child Care Partnership (EHS-CCP) grant. These 12 EHS-CCP children are served at Summit County Preschool and Lake Dillon Preschool. The Clayton Early Learning Board and Policy Council are the governing entities for these 12 slots.

Summit County Government (SCG) is the grantee for the Head Start and Early Head Start slots. SCG holds all legal and fiscal responsibility for implementation and operation of the Head Start and Early Head Start programs. The Summit Board of County Commissioner (BOCC) serves as the governing board. The Board of Early Childhood Options (ECO) and Policy Council, made up of HS0-5 parents as well as community members, serves as an advisory committee to the BOCC.

Program Structure – The Partnership

Summit County Government (SCG) - In addition to its role as the grantee and as a program partner, it is the County's Finance office that compiles the SF-269 and PMS-272 Reports and reimburses partners for program expenses incurred. The County Attorney's office provides legal guidance and service when needed. Through its Department of Public Health, SCG provides a Public Health Nurse who serves as the HS0-5 Health Consultant. Public Health also employs the Early Intervention (Part C) Coordinator who serves as the EHS Disabilities Coordinator, and a WIC dietician who serves as the program's nutritional consultant.

Summit School District (SSD) delivers the Head Start early education program through six classrooms at three separate elementary school sites. The Head Start instructional and special education staff, including Teachers, Teacher Assistants, and the district Early Childhood Coordinator, are employees of the School District. The Early

Childhood Coordinator also serves as the Head Start Disabilities Coordinator (Part B). The District also provides the facilities, nutrition, and transportation services. Support health services are provided through School Nurses, Counselors, and the School Psychologist. Children at HS0-5's 27 school district slots are currently served through Head Start at Silverthorne Elementary (SVE), Upper Blue Elementary (UBE), and Dillon Valley Elementary (DVE). Given the mountain topography of Summit County, this delivery mechanism enables the program to be most responsive to the needs and constraints of the families served and raises the quality of care and programming for all kids at these sites.

Early Childhood Options (ECO) -A private non-profit agency, ECO employs the Head Start Director/Education Coordinator, three full-time Family Engagement Specialists, Early Childhood Mental Health Consultant, and an Events Coordinator. In 2000, a diverse group of more than 30 people representing childcare, the school district, local government, the medical community, large and small business, and parents came together to "develop a responsive, efficient system of child care where high-quality supply meets demand over time." After much discussion and research, the planning group produced a strategic plan which, among other recommendations, urged that a sub-group immediately undertake a needs assessment process for Head Start in anticipation of the opportunity to apply for funding in 2001 or 2002. Additionally, the strategic plan called for the creation of a community-based governing structure to oversee critical early childhood care and education issues in the community. At this point in time, the Summit County Child Care Resource & Referral Agency became known as Early Childhood Options (ECO).

During the 2019-2020 program year, ECO Board representation included a County Commissioner, the School District Superintendent, a County Assistant Manager, the Executive Director of a Mental Health Community Organization, Silverthorne Town Manager, a Community Foundation Member, and Community Business Leaders. ECO has been designated by all Head Start partners as the entity to carry out the implementation of the HS0-5 program and is responsible for implementing the community childcare center agreement with Summit County Preschool, Lake Dillon Preschool and Carriage House Early Learning Center. During the 2019-2020 program year, Summit County Preschool provided full day, full year services for seven Early Head Start, four Head Start, and three EHS-CCP. Lake Dillon Preschool provided full day, full year services for two Early Head Start, four Head Start, and nine EHS-CCP. Carriage House Early Learning Center provided services for four Early Head Start children. The childcare services for HS0-5 children are additionally subsidized with Right Start Project (RSP) dollars, state preschool program dollars (CPP), local preschool dollars (SPK) and funds from the Colorado Child Care Assistance Program (CCCAP).

This unique partnership with the SGC, SSD, ECO, and our community childcare sites was designed to utilize existing information, services, expertise, and experience to

create a comprehensive family services program for our Early Head Start and Head Start families and children.

Key Strategies for the Head Start Partnership

A Community Governing Structure - Each partner has a Memorandum of Understanding (MOU) with SCG. ECO maintains contracts with Summit County Preschool and Lake Dillon Preschool.

Multiple Classrooms with Organizational-Level Blending - Head Start eligible children are enrolled across SSD and community child care preschool classrooms. HS0-5 pays tuition rate to each of the programs. The cost of providing full day, and sometimes full year care, is fully covered by layering funds from HS0-5, CPP, RSP and CCCAP.

Using the Practice of Cost Allocation – Cost allocation shows how to systematically share costs among the different funding sources leveraging the funds to a maximum benefit. With multiple funding sources and agencies funding the program operations cost allocation ensures benefits and costs of services are distributed equitably across the sources.

Understanding and Reconciling the Different Program Standards and Licensure Requirements –Understanding and reconciling the different program standards and licensure requirements is one of the key collaborative features of this unique integrated model. Head Start Program Performance Standards act as a benchmark for service and help to reconcile the different requirements and practices of each partnership. Maintaining compliance with the Head Start Program Performance Standards, though more stringent in some areas, has been beneficial in helping to evaluate current practices and has also led to overall improvement. A strong substantive understanding of the program aligned with all the standards and licensure requirements attached to special education, the Colorado Preschool Program, and Head Start funding has allowed for better identification of services that need to be adjusted to maintain compliance with all. This has been a key strategy for success.

Overview of the Community Assessment Process

Once during the five year grant period, the U.S. Department of Health and Human Services Administration for Children and Families (ACF) requires all Head Start programs to conduct a comprehensive community assessment to collect and analyze community information focused on current strengths, needs, and resources of families and children birth to 5 years old. The community assessment must include the following six components:

- Collection and analysis of the demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;
- Other child development and childcare programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each;
- The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;
- Data regarding the education, health, nutrition and social services needs of Head Start eligible children and their families;
- The education, health, nutrition and social services needs of Head Start eligible children as defined by their families and community institutions;
- Resources in the community that could be available to address the needs of Head Start eligible children and their families;
- Strengths of the community.

Current and reliable sources used for collecting the quantitative data included local reports and assessments, as well as state and national data sources. Much of the qualitative data was elicited by a variety of techniques including community partner meetings, community program updates and reports, and the annual program self-assessment process.

Information from diverse stakeholders including families, parents, community members, program staff, teachers, community program administrators and service providers helped to produce a comprehensive picture of the Summit County community. Specific sector representation included Social Services, Summit School District, Head Start, child care, Part C providers and parents, Public health, the Summit Combined Housing Authority, and family support providers. Summit County has long been a community that believes that those residing in the community must be partners in shaping and seeking solutions to community concerns.

II. Community Profile – External Data

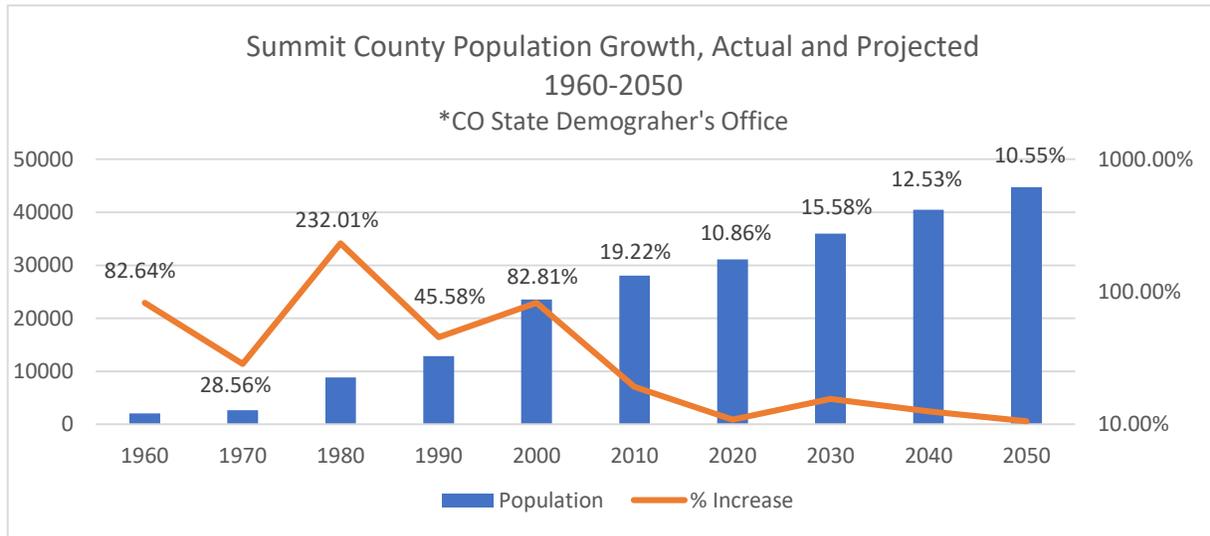
General Demographics & Population

As shown in Figure 2, the rate of growth in Summit County has been variable through the years. From 1970 – 1980, Summit County was the fastest growing county in the country with a 232% increase in permanent population. The following decade, from 1980 – 1990, the increase was significantly slower at 45.6%. Between 1990 and 2000, the population nearly doubled (from 12,881 to 23,548) with an increase of 82.8%. From 2000 onward, growth has been much slower albeit still significant when compared to rates of growth of other Colorado counties. In fact, from 2001-2002, the State Demographer’s Office estimates indicate that Summit County had the greatest

percentage growth rate in the State with the permanent resident population growing 10.1% in one year.

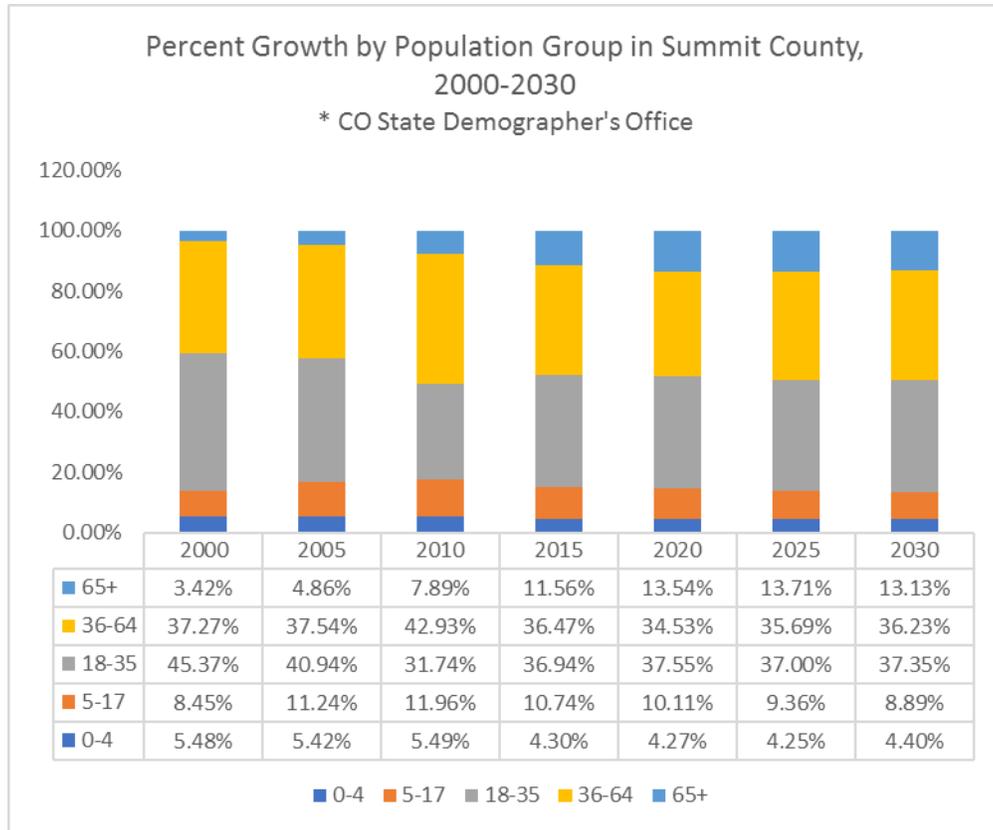
From 2010-2020, Summit County's population is expected to increase 10.86%. In the following 10 years, a population increase of 15.58% is expected.

Figure 2: Summit County Population Growth



Growth in the 0-4 age group is expected to grow at a slower rate than the total population, with a rate of less than 4.5% during each five-year period from 2015 through at least 2030. Of those groups indicated in the chart below, this population group is the only one with single digit increases during the selected time period.

Figure 3: Percent Growth by Population Group



Population by Basin - Summit County is comprised of four main towns—Breckenridge, Frisco, Silverthorne and Dillon. Additional incorporated areas and unincorporated areas are also often referred to as basins. These basin areas are Upper Blue, Ten Mile, Snake River and Lower Blue.

Figure 4: Summit County Basins and Communities

Basin	Incorporated Towns	Unincorporated Areas
Upper Blue	Blue River, Breckenridge	Farmer’s Corner and other Summit unincorporated areas near Breckenridge
Ten Mile	Frisco	Copper and other Summit unincorporated areas near Frisco
Snake River	Dillon, Montezuma	Keystone, Summit Cove and other Summit unincorporated areas near Dillon
Lower Blue	Silverthorne	Other Summit unincorporated areas near Silverthorne

Source: Summit County Early Head Start & Head Start

Figure 5: Summit County Permanent Population Distribution Table

Area	1970	1980	1990	2000	2010	2017
------	------	------	------	------	------	------

Incorporated Areas						
Breckenridge	548	818	1,285	2,408	4,540	4,901
Blue River	8	230	440	685	849	918
Dillon	182	337	553	802	904	961
Frisco	471	1,221	1,601	2,443	2,683	3,124
Montezuma	N/A	N/A	60	42	65	68
Silverthorne	400	989	1,768	3,196	3,887	4,636
Subtotal	1,609	3,595	5,707	9,576	12,928	14,608
Unincorporated Areas						
Lower Blue Basin			2,533	4,592	3,672	4,304
Snake River Basin			1,765	4,187	6,726	7,391
Ten Mile Basin			532	837	1,292	1,419
Upper Blue Basin			2,344	4,356	3,376	3,710
Subtotal	1,056	5,253	7,174	13,972	15,066	15,947
Summit County Total	2,665	8,848	12,881	23,548	27,994	30,622

Source: Summit County Government, Planning Department

Income & Economics

Wages & Employment

Summit County typically has a low unemployment rate, and in 2018 posted one of the lowest unemployment rates in the country. As reported in a January 2019 Summit Daily News article, Summit County's unemployment rate in December was 2.2, well below the state rate of 3.8. While rates have fluctuated, Summit County's jobless rate has generally been low since the end of the recession, while demand for workers is high.

Figures released by the Colorado Departments of Local Affairs and Labor estimate Summit County's 2017 top-five employment categories (public and private sectors) to be accommodation and food services (26.5%), retail trade 12.12%, real estate/rental/leasing (8.13%), and construction (6.97%). Along with occupancy of second homes comes the need for a wide range of resident services such as retail, household, and specialty businesses. According to Department of Local Affairs, the Summit labor workforce consisted of 20,153 people (aged 16 plus) in 2017 and 20,161 in 2018. As is typically seen in resort communities, some of the most common job sectors are among pay the lowest wages. In Summit County, the following job sectors comprise about 47% of all jobs: arts, entertainment and recreation; accommodation and food services, and retail trade. The highest levels of employment are reached during the winter months, with somewhat lower peaks in the summer months. The lowest employment levels are reached in the spring and fall seasons and are generally used as indicators of year-round employment.

Housing

The high cost of housing is a concern that is consistently identified in community needs assessments and in key informant interviews. As early as the 2006 Community Health Assessment, the expense of living in Summit County was identified as a concern, with 52% of respondents claiming “cost of living” as their primary economic concern. A 2018 Community Health Assessment reported similar findings. Housing is limited and the cost of renting and/or owning, continues to rise. Some of the factors impacting the cost of housing are described below.

Area Median Income - The Area Median Income (AMI), published annually by the US Department of Housing and Urban Development (HUD) represents the median family income of an area. Many of the income- and deed-restricted housing units in Summit County use the AMI to qualify households for occupancy and establish affordable prices. The AMI was lower in 2016 than in 2012, reducing the affordable price point of homes at each AMI level, as seen in Figure 6.

Figure 6: Maximum Affordable Housing Costs

**Maximum Affordable Housing Costs:
2012 and 2016 Compared**

AMI Level	2012		2016	
	Max Rent	Max Purchase Price*	Max Rent	Max Purchase Price**
30%	\$570	\$95,000	\$520	\$81,400
50%	\$960	\$159,000	\$865	\$135,700
60%	\$1,145	\$190,000	\$1,040	\$162,800
80%	\$1,380	\$229,000	\$1,385	\$217,000
100%	\$1,910	\$317,000	\$1,730	\$271,300
120%	\$2,290	\$381,000	\$2,075	\$325,600
150%	\$2,865	\$476,000	\$2,595	\$407,000

Source: HUD; Consultant team

*2012: Assumes an average 2.4-person household with a 30-year mortgage at 4.5% with 5% down and 20% of the payment covering taxes, insurance and HOA fees.

**2016: Assumes an average 2.4-person household with a 30-year mortgage at 5.0% with 5% down and 20% of the payment covering taxes, insurance and HOA fees.

Zillow data (accessed 6/23/19) shows a stronger seller’s market in Summit County than in the State as a whole. Comparisons of common costs are shown in the following table. It is notable that the median rent is \$2,800, a figure in excess of the maximum rent affordable even for someone living at 150% AMI. Similarly, the maximum purchase price for someone living at 150% AMI is \$407,000, a figure significantly lower than the median list price and median sold price in the County.

Figure 7: Median Housing Prices

	Median Rent	Median List Price	Median Sold Price	Median List Price / Square

				Foot
Summit County	\$2,800	\$652,500	\$615,900	\$509
Colorado	\$1,995	\$429,800	\$367,000	\$260

Availability of Homes - As shown in the following chart from the 2016 Summit Combined Housing Authority report, the availability of homes for sale is decreasing in all categories except those over \$1 million. There is a significant shortage of homes priced under \$400,000, which are the only ones affordable for households earning less than 150% AMI.

Affordable rental units are similarly limited, with vacancy rates below 2%. During a 7-month period between April and November 2015, rental units were advertised at a median county-wide rate of \$1,898 per month. Since 2009 rents have risen the shortage of rental units has increased, especially for lower income households. Hispanic and Latino headed households in Summit are predominately renters (87%), tend to earn lower incomes (\$35,000 on average), are larger (4.1 persons) and have more children in their household (1.6 average) (Rees Consulting).

Spanish-speaking community is much more "housing vulnerable" according to the 2019 among Spanish-speaking respondents, 84% earn less than 80% AMI, compared to 33 percent of the non-Spanish-speaking population. This group also has an average of 44% of income spend on housing. They also represent a population comprised of 72% renters, as well as living in small units and more crowded housing situations, with an average of 2 persons per bedroom. (2019 Summit Combined Housing Report).

Working adults with children who are cost-burdened according to Summit Housing Authority, this population is more likely to be renters, and are spending, on average, over half o their income on housing.

Not only is there a lack of affordable housing in Summit County, but in the 2018 Housing needs update report, it stated Summit County has a gap of around 1,200 units, meaning the supply of housing in Summit is not meeting the demands of the local workforce and non-working permanent residents by that number. In 2023, this number is projected to increase to 2,757.

The burdens of housing costs and availability have also lead to an increased trend in commuting patterns. In 2017, of approximately 20,000 jobs in Summit County, 37% were occupied by individuals living or working in the county and 63% were held by individuals who commute in from outside the county. (LEHD; Economic & Planning systems)

Figure 8: Residential For Sale Listings

Residential For-Sale Listings: January 2012 and July 2016



Source: July 30, MLS (breckenridgerealestatecompany.com); Consultant team

Based on estimates from the Department of Local Affairs, about 64.6 percent of the existing housing units in Summit County are vacant much of the year. Of existing housing units in the County, just 30% are owned by Summit residents (Rees Consulting, 2013). The limited supply drives up costs, especially given geographic restrictions. Second homeowners compete for similarly priced units as locals, driving prices up.

Cost of Housing – Throughout Colorado, the cost of housing is difficult for low income families. Between 2011 and 2016, Colorado’s median home value increased 56% and median rent increased 42%, but the median income for families with kids only increased 2% (Kids Count 2018). In Summit County, this scenario is made more difficult given the unique conditions of the resort economy. In Summit County, working families pay on average 40-60% of their income on housing, and workers average approximately 1.5 jobs to make ends meet (2018 Summit Combined Housing Report).

There are multiple ripple effects when housing is unaffordable. Businesses have difficulty recruiting and retaining employees, families are burdened with extra costs, long commutes from outside the county create extra cost burden and decreased satisfaction for employees, and community character is impacted by increased transience.

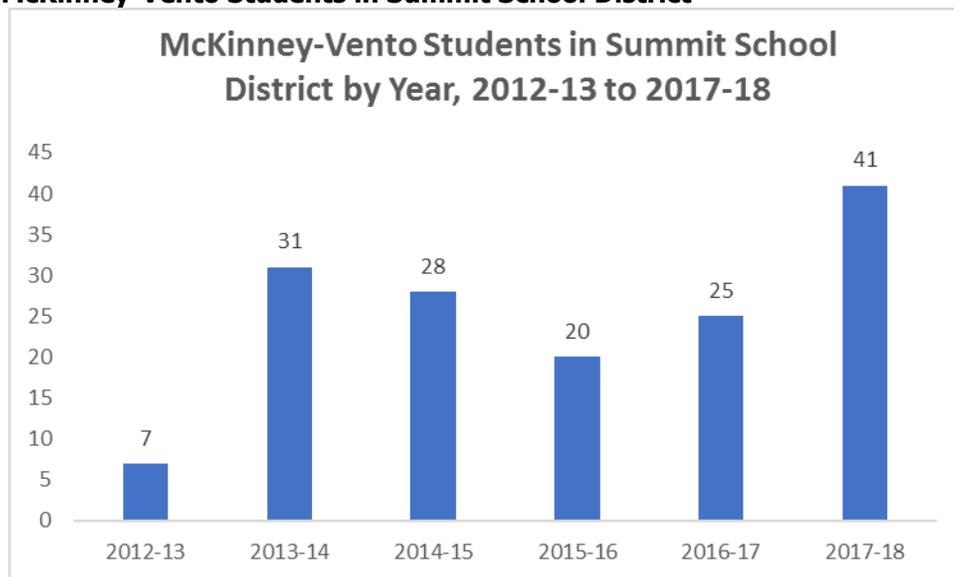
Homelessness

Homelessness looks different in Summit County than in many other parts of the country. While persons without a home may camp during the summer, during the long,

cold winter it is unusual to see a person living on the streets. Instead, persons without a home or shelter often “couch surf” or rely on friends for temporary housing. Additionally, multiple families will live in a single dwelling to save costs. Compared to poor, housed children, homeless children have worse physical and mental health, more developmental delays, more behavioral issues, poorer school attendance and performance, and other negative conditions (National Alliance to End Homelessness). Even housing instability (not necessarily homelessness) negatively impacts children. Moving three or more times per year is associated with increased behavioral, emotional, and school-related problems. Summit County does not have a homeless shelter.

During the 2017-18 school year, the Summit School District reported 41 children meeting the McKinney-Vento definition of homeless. It is notable that this figure has increased from 7 reported children in the 2012-13 school year. But in the 2018-2019 program year, the number dropped significantly to 18 identified homeless students (Kids Count, 2020). The McKinney-Vento definition is defined as “individuals who lack a fixed, regular, and adequate nighttime residence” and includes a variety of living situations including shared housing, living in hotels or motels, and living in cars or substandard housing, among other situations.

Figure 9: McKinney-Vento Students in Summit School District



Since March 15th 2020, FIRC’s Family Support program has helped 1,114 households with rental assistance to avoid eviction. FIRC typically helps around 120 households to avoid eviction or homelessness through their family support program. The FIRC also partnered (with Towns, Foundations, County Government, and donors) to provide a total of \$1,027,203.74 in rental assistance payments to keep our workforce housed and remaining in the community. As a result of the landlord advocacy conducted by staff to obtain a discount on that rent payment to stretch donated dollars, the average rent check is \$922.91.

The Summit County Head Start program continues to see a rise in the number of families qualifying as homeless. Anecdotally, Head Start staff hear regularly from families that rent has increased and parents are stressed about how to find adequate housing. Summit Head Start qualified 11 EHS and 21 HS children as homeless during the 2017-18 program year. In the 2019-2020 program year, Head Start qualified 12 HS children and 13 EHS children as homeless. During this program year, around 40% of HSO-5 families qualified under the definition of homeless.

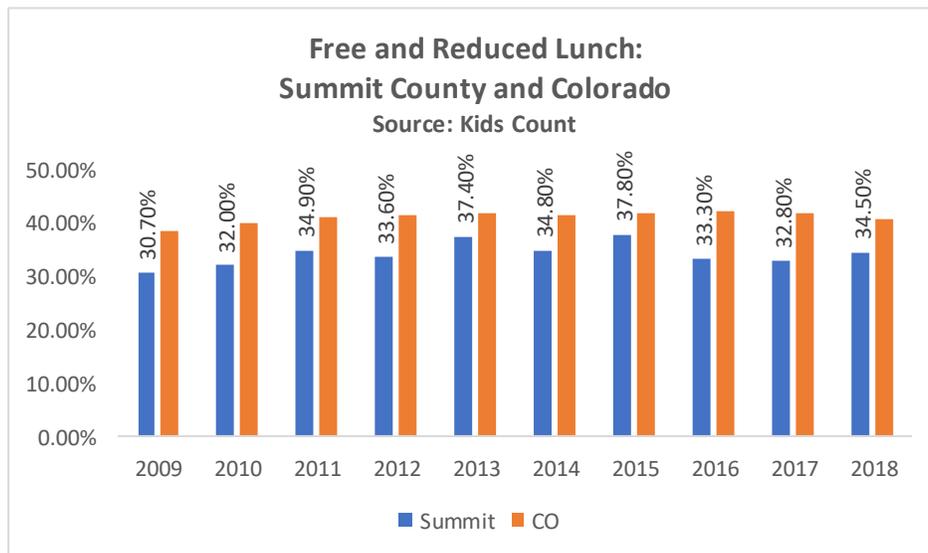
Poverty

Poverty is related to child outcomes in many ways. Compared to more affluent children, children who live in poverty are more likely to have physical health problems and to score lower on tests of cognitive ability, such as verbal ability; reading readiness; and problem solving. Poverty in young children under five is particularly detrimental to children and is associated with fewer total years of school and drop-outs. Poverty levels are determined by the U.S. Department of Health and Human Services. The National Center for Children in Poverty reports that research suggests families need an income equal to about two times the federal poverty level to meet their most basic needs. These families are referred to as low income (below 200% of the FPL).

In 2016, 13.4% of Colorado children lived in poverty, down from 15% in 2015 and Colorado's lowest poverty rate since 2003. Since 2018, the child poverty rate in Colorado has been 12%, with 5 percent of Colorado kids experiencing extreme poverty, unable to meet basic necessities. During the same time period in Summit County, 9.1% of all children and 7.9% of school aged children (5-17) lived in poverty. While poverty rates are lower in Summit County than in the State as a whole, this is not necessarily a positive economic indicator. The 2020 Federal Poverty Level (FPL) for a family of four is \$26,200, however the Self-Sufficiency Standard indicates that \$90,864 is needed in Summit County (or 3.7 times the FPL) to make ends meet. This includes \$15,132 for housing, \$28,176 for child care, \$11,832 for food, \$6,120 for transportation, \$6,924 for health care, \$6,816 for miscellaneous expenses, and \$15,864 for taxes. Thus, given the high cost of living, families in Summit County struggle to make ends meet.

In the 2018-19 school year, 34.5% of Summit County students qualified for Free and Reduced Lunch (FRL) services. This includes 23% of who qualify for free lunch and 11% who qualify for reduced lunch (Colorado Department of Education). As shown in the chart below, this figure has remained relatively consistent over time. For the 2019-2020 school year, there was a small increase to 35%.

Figure 10: Free and Reduced Lunch



Diversity

According to State Demographer’s Office, data from the US Census indicates the aging of the population in Summit County. In 2010, the median age in the County was 30.7; that figure has increased to 40.1 in 2018 and is projected to be 40.7 in 2025.

An increase in ethnic diversity in the entire region is also evident in the 2010 Census data. The total non-white population in the county (Hispanic or Latino) increased 54.16% (from 3,137 in 2000 to 4,836 or 17% of the total county population in 2010). Between 2000 and 2010 the Hispanic population (any race) increased approximately 73%, or 1,683 residents. Persons of Hispanic origin now make up 14.25% of the county's total permanent resident population, as of the 2010 Census. The majority of the county's Hispanic residents (57%) are within two age categories: 32% are less than 18 years of age, and 25% are ages 25 to 34. Over time, ethnic diversification of the permanent resident population is expected to continue, which will influence the demographic make-up of the County (SCG-PD, 2014).

Summit County was one of five counties in the state between 2000 and 2002 with more than a 25% gain in Latino population. In 1990 there were 15 households speaking Spanish and considered linguistically isolated in Summit (14,829 in CO). In 2000 there were 227 (40,138 in CO). This is a 1,413% increase (171% CO) from 1990 to 2000. In 2000, Summit County, persons of Hispanic or Latino origin accounted for 13% of the population. In 2010 the percentage increased to 16% (Kids Count). The Summit School District reports that during 2018, 40% of the student population identified as Hispanic or other minority.

During the 2018-2019 program year, 84% of HS0-5 families were of Hispanic and Latino origin and 87% spoke Spanish at home. There is a slight decrease for the 2019-2020 program year, with 74% of families identifying as Hispanic/Latino with a home

language of Spanish. Hispanic and Latino headed households in Summit doubled between 2000-2010 and increased almost 200% in Breckenridge. The majority of Hispanic and Latino households are in Snake River and Lower Blue Basin (Rees Consulting, 2013).

The majority of workers filling the service and retail jobs in Summit County are immigrant families. These families face a myriad of social, cultural and economic challenges. While the majority of immigrants come from Mexico and Central and South America, there is a growing community in Summit County of Eastern Europeans and West Africans.

Education and Social Environment

Education

There is one school district within Summit County with six elementary schools, one middle school, one alternative school and one high school. The entire district is International Baccalaureate (IB) authorized. The current demographics of the district are highlighted below.

Figure 11: Summit School District Data

2013-2014 Summit School District PreK-12 Data

Total School Population (PreK-12)	Hispanic or other minority	White	Other Race/ Ethnicity	ELL	FRL	Special Needs	Gifted (K-5)
3,287	33%	63%	4%	22%	37%	11%	7%

2018-19 Summit School District PreK-12 Data

Total School Population (PreK-12)	Hispanic or other minority	White	Other Race/ Ethnicity	ELL	FRL	Special Needs	Gifted (K-5)
3,577	40%	60%	5%	25%	35%	10%	9%

2019-2020 Summit School District PreK-12 Data

Total School Population (PreK-12)	Hispanic	White	Other Race/ Ethnicity	ELL	FRL	Special Needs	Gifted (K-5)
3582	36%	59%	5%	26%	36%	11%	4%

Source: Colorado Department of Education

Twenty-six percent of the Summit School District population is English Language Learners (ELLs). Although there are English Language Learners (ELL) in all schools throughout the district, some schools have larger populations than others. Silverthorne Elementary and Dillon Valley Elementary are both classified as Title One schools and serve many ELLs.

In 2006 Summit School District decided unanimously to pilot a dual-language program at Dillon Valley Elementary School. Today this program is fully implemented. Students of the first dual language cohort graduated in spring 2018. Students in a bilingual immersion (also called Dual Language) program are instructed in both English and Spanish. Open enrollment allows families from across the County to enroll their child at Dillon Valley Elementary or another school of choice. Silverthorne Elementary began implementing a Dual Language instructional delivery model in Spanish and English starting in Kindergarten and 1st grade for the 18-19 school year and will be increasing one grade level each year until 2022-23.

Summit County’s high school graduation rate was 88% compared to the state average of 77% in 2012. In 2017, the high school graduation had increased to 95% compared to the state rate of 79%. Fourth graders meeting or exceeding expectations in English Language Arts was 47% compared to the state’s 44%. As seen below, percentages of proficiency in all content areas were higher in Summit than the state average (Kids Count, 2018).

Figure 12: Students Scoring Proficient or Above (2016-17)

Content Area on CMAS	Summit	Colorado
Math	35%	33%
English Language Arts	48%	42%
Science	46%	31%

Source: Kids Count, 2018

During the 2018-2019 school year, The Colorado Preschool Program (CPP) provided funding for up to 29,360 children across Colorado considered to be at risk for later school failure, to attend half or full-day preschool and 9,200 of those slots are ECARE (Early Childhood At-Risk Enhancement) slots. Additional ECARE slots could be used by communities for half-day preschool, combine 2 ECARE slots for a full day preschool or use them to add the second half of the school day. Summit County had 95 CPP slots and 20 ECARE slots for the 19-20 program year.

Children with Disabilities

Children with special needs are identified through a community screening and Child Find process or referred by community partners for evaluation. Children between 0-3 years are served through Part C of the Individuals of Disabilities Act (IDEA) by Summit County Early Intervention with funding through the Colorado Department of Human Services. Children ages 3-21 are served through Part B of IDEA by services through the Summit School District. Services for children age 3-5 years with special needs are provided in the local school district preschool classrooms. HS0-5 enrolls children with special needs in these classrooms.

HS0-5 participates in the Child Find process and the development of an Individual Family Service Plan (IFSP) or an Individual Educational Plan (IEP) for Early Head Start or Head Start children. During the 2013-2014 program year, 20% of HS0-5 enrollment

was children with special needs. During the 2017-18 program year, 36% of EHS children were on an IFSP and 17% of HS children were on an IEP. During the 18-19 school year 32% of EHS children were on an IFSP, and 20% of HS children were on an IEP. During the 19-20 school year 20% of EHS children were on an IFSP, and 17% of HS children were on an IEP.

Summit County Early Intervention (EI) continues to report an increase in the number of children qualifying for Part C services. In the summer of 2014, EI reported a caseload of 56 children, the highest in Summit County history. In 2018, EI is reporting caseloads in the 80's. Data over the past 4 years shows a 144% increase in referrals. In 2019, Early Intervention has been consistently serving over 100 clients. With new eligibility criteria release statewide- EI is likely to see a decrease in caseloads. Since the COVID19 pandemic, EI reported having seen a decrease in referrals as well as gradually decreasing caseloads due to lack of interest in telehealth services. (SCPH, 2020).

In July 2020, Early Intervention Colorado made changes around the definition of developmental delay which determines whether a child is eligible for EI services. This change is in the definition of developmental delay which determines whether a child is eligible for EI services. A child will now be required to be showing a delay in one or more areas of development (physical, communication, adaptive, social/emotional, and cognitive) of 33% or more. A child who has a disability or condition that is likely to lead to a significant delay will continue to be eligible based upon a medical provider's diagnosis. Summit County is hoping to develop a community wide strategic plan for children who may no longer be qualifying for EI services, in order for them to continue supports and services.

The Summit Pyramid Leadership Team (PLT) has conducted a Community Perceptions of Inclusive Practices (CPIP) for the past 5 years. The CPIP has helped to evaluate strengths and areas for growth. Strengths identified included community-wide coordinated screening process and Pyramid Plus Approach trainings that embed inclusion best practices. One area of concern is supporting children with special needs in community childcare programs. Specifically, several families with preschool age children are declining IEP services because they need full day, full year childcare (PLT, 2018). For the 19-20 program year, the HS0-5 program had 50% of their center-based slot children decline disabilities services due to the need for the hours and full year schedule offered at the community childcare centers.

Child Care

Availability and affordability of quality early care and education is a major social issue in Summit County. According to a 2002 economic impact study, Summit County needed an additional 619 child care slots to maintain its current ratio of licensed providers to care for children of working parents. Since that time, two new child care centers were started in Breckenridge. The same organization conducted a study in 2018 and discovered that there are 345 children on childcare waitlists in Summit County

(unduplicated children). The study estimates by 2025 Summit County will need 680 (72%) more child care slots to meet the demand. Today the universal waitlist in Summit County is around 493 slots, children ages unborn-four years.

A 2014 report from Colorado Children’s Campaign, Qualistar Early Learning and the Women’s Foundation of Colorado (June), stated that Summit County is one of the least affordable counties in Colorado for center-based preschool-age care for married couples with children. In 2014 Summit had 21 licensed home child care providers, 9 licensed centers, and 5 school district preschool sites. In 2020, Summit has 14 licensed home child care providers, 8 licensed centers and 5 school district preschool sites. The average cost of preschool-age care at a center is \$1,445 a month, or \$17,340 per year. Daily rates are listed in the chart below.

Figure 13: Summit County Cost of Child Care

2014 Summit County Cost of Care

Type of Provider	Infants	Toddlers	Preschool
Family Child Care	\$43	\$41	\$38
Center Child Care	\$62	\$62	\$55
School District	n/a	n/a	\$43

2018 Summit County Cost of Care

Type of Provider	Infants	Toddlers	Preschool
Family Child Care	\$43	\$41	\$38
Center Child Care	\$62	\$62	\$55
School District	n/a	n/a	\$43

2019 Summit County Cost of Care

Type of Provider	Infants	Toddlers	Preschool
Family Child Care	\$55	\$55	\$55
Center Child Care	\$69	\$69	\$62
School District	n/a	n/a	\$50

2020 Summit County Cost of Care

Type of Provider	Infants	Toddlers	Preschool
Family Child Care	\$ 55.00	\$ 55.00	\$ 55.00
Center Child Care	\$ 73.00	\$ 73.00	\$ 66.00
School District	n/a	n/a	\$ 50.00

Source: Early Childhood Options

Summit County Department of Social Services offers assistance with childcare through the Colorado Child Care Assistance Program (CCCAP). This department reports that the number of families qualifying is increasing. Currently families earning up to 225% of

the poverty level can receive assistance with an entry level of 185%. In July 2019, the entry level for family earnings increased to 265%. In November 2005, Summit County voters approved a 10-year mill levy ballot initiative that generates approximately \$900,000 per year. In November of 2013 voters renewed this initiative with no sunset. Of the annual amount, 25% is earmarked for child care assistance. During the 2019-2020 program year 13 HS0-5 families received support from CCCAP. In 2013, 58 Summit County children were supported by CCCAP compared to 108 children in 2009 (SCG-SS). Currently (2020) there are 58 open CCCAP cases serving 75 kids in 15 center/home provider settings. Summit CCCAP is on a waitlist and not able to enroll more children due to a funding shortage.

Keeping qualified staff is a challenge due to the high cost of living and seasonal nature of the community. Community child care programs have a more difficult time retaining staff than does the Summit School District. School district preschool teachers earn approximately \$30/hour whereas community child care teachers make on average \$16/hour.

Response to COVID-19

In mid-March, in an effort to reduce community spread of COVID-19, Summit County Public Health Department issued an order requiring all child care programs to close, other than those providing care for children of essential service workers. At that time, all local centers closed and 50% of local family child care homes closed. 100% of the 19 classrooms serving Head Start and Early Head Start children closed. 66% of Head Start classrooms re-opened in early June, although several programs opened with limited enrollment capacity. All community centers applied for and received forgivable loans through the federal Payroll Protection Program, one center also furloughed staff. These loans allowed centers to avoid widespread layoffs. In addition, to offset the considerable financial burden on child care centers as a result of unplanned closures, the Summit County Head Start Program, along with the local child care subsidy program (CCCAP) and the PreK tuition credit program (SPK), maintained tuition payments throughout the entire period of March 13-August 31, 2020. Local quality improvement funding, along with Head Start funding, was also used to help with the purchase and distribution of PPE and other supplies needed to re-open centers as safely as possible for staff, children and families (Source: Early Childhood Options).

Health & Related Issues

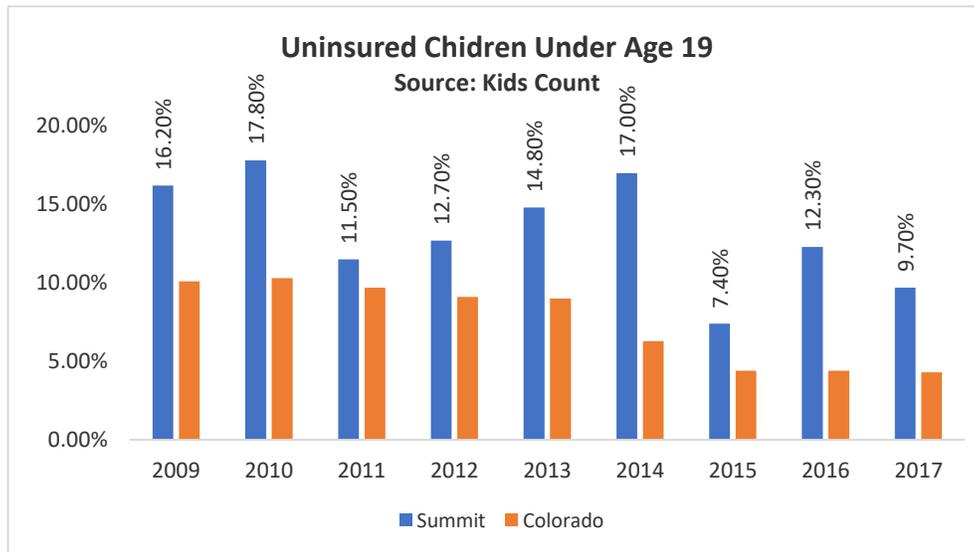
General Information

Summit County's health care and social service infrastructure has expanded its capacity over the past ten years. St. Anthony Summit Medical Center (SASMC) opened in December 2005 near the Summit County Government offices in Frisco. An adjacent 41,000-square-foot Medical Office Building is located next to the hospital. Taken together, the hospital and the medical offices have centralized most of the health care

in Summit County. Summit Community Care Clinic (SCCC) is located there; it is a Federally Qualified Health Center. As the only safety net provider in Summit County, its primary care, oral health and behavioral health services are available for individuals and families with private, public insurance as well as those without insurance via a sliding fee scale. SCCC serves many of Summit County’s transient workers as well as the mainstay working families who lack insurance or are otherwise slipping through the cracks of the current health care system. While most families do not have to travel to Vail or Denver for regular or routine medical care, families in need of more specialized services often do travel outside of the county.

Colorado has made progress in several areas of child health, most notably by increasing the number of children with health insurance coverage by 63,000 in less than a decade. Summit County continues to exceed the state rate of uninsured children, however. In 2017, 9.7% of Summit County children were uninsured compared to 4.3% in Colorado.

Figure 14: Uninsured Children Under Age 19



Also encouraging, Colorado’s teen birth rate has fallen from 56 per 1,000 teens aged 15-19 in 1991 to 18 in 2016 (Kids Count, 2018). Summit County’s teen birth rate in 1991 was 26 and had fallen to 9 in 2016 after a variety of spikes, including one to 55 in 2010 (Kids Count).

Summit County’s rate of low birth weight babies, however, is high compared to the state average. This is a consistent concern and is likely attributable to altitude. In 2016, 11.9% of Summit County births were low birth weight compared to 9.0% statewide.

Obesity

Nationwide childhood obesity has more than doubled in children and tripled in adolescents over the past 30 years. The percentage of children aged 6–11 years in the United States who were obese increased from 7% in 1980 to nearly 18% in 2010. Similarly, the percentage of adolescents aged 12–19 years who were obese increased from 5% to 18% over the same period. In 2010 more than one third of children and adolescents were overweight or obese (Center for Disease Control, 2013). Although Colorado’s childhood obesity rate is below the national average, more than one in four children ages 2 to 14 (27% between 2010 and 2012) are overweight or obese. Summit County’s rate of children overweight or obese is 20% (Kids Count). A recent Summit Public Health Needs Assessment identified obesity as the number two priority of key informants (Corona, 2013).

Oral Health

The Colorado Health Access Survey noted that 82% of children with dental insurance visited a dentist, while just 52% of children without dental insurance visited a dentist (2013). Also of concern is the fact that children with fair or poor oral health are nearly three times as likely not to get needed dental care due to the cost as opposed to children with excellent, very good and good oral health (Colorado Health Institute, 2013). Summit County has one dental provider specialized in pediatric dentistry that serve children and accept Medicaid. Despite meeting dental screening requirements and oral health education outreach, HS0-5 children are consistently needing dental health follow up and treatments. Several municipalities in Summit County have elected not to fluorinate their water. This is a concern for both pregnant women and young children in Summit.

Both oral health and obesity concerns are tied directly to nutrition. Summit County WIC (Women, Infants, & Children) serves income-eligible pregnant women, moms of infants, and children up to 5 years old. WIC provides healthy food, nutrition education, breastfeeding guidance and more. Summit County WIC reports that 16.28% of WIC children over 1 year old are low in iron, 14.73% of WIC children improperly use a bottle/cup/pacifier, and 3.88% routinely consuming sugar-containing beverages. As of January 2020, low iron has increased to 22.5%, improper bottle usage to 18.33%, routine intake of sugar containing beverages 6.67%, obesity (children 205 years) to 1.67%, and overweight or at risk of overweight to 14.17% (SCG-PH).

Mental Health & Substance Abuse

Summit County’s 2018-2022 Community Health Improvement Plan identified mental health (with a focus on families) as one of three priorities for action. Key data cited include statistics that 21% of residents report symptoms of depression and one in four high school students report feeling sad or hopeless almost every day for more than two weeks.

A second priority identified in the improvement plan is substance abuse (with a focus on opioids). The focus on opioids is based on data presented in the 2017 Community Health Assessment which indicates that in one of every 25 Summit County households, someone had wanted or needed help with opioid prescription drug dependence. Summit County ranked 11th in the state in opioid deaths in 2015, and 10% of Summit High School students report using a prescription drug that was not prescribed for them.

SCCC provides behavioral health services in all of Summit County's schools via the School Based Health Center (SBHC) system. These services continue to grow. Between 2016 and 2018, for example, behavioral health visits increased 19%, from 2,283 to 2,711. In 2018, SCCC opened a Comprehensive Dialectical Behavioral Therapy (DBT) program at Summit High School to meet the need for increasingly high acuity behavioral health concerns.

While there are many therapists practicing in Summit County, both in private practice and within the community behavioral health system (Mind Springs Health), most that specialize in early childhood are in private practice. Many private practitioners do not accept CHP+ and/or Medicaid which causes an issue of access for lower income residents in Summit County, especially affecting the HS0-5 children and families. Another barrier to access these specialized services is lack of licensed bilingual providers and supports. Currently, Mind Springs Health provides child psychiatry and family based/systems therapy for children, but as of this time does not have bilingual clinicians at the Frisco location.

Ski resort communities typically have a higher rate of mental illness and suicide (Outside magazine), and as a resort community Summit County has long been known as "Colorado's Playground." The Building Hope initiative, now a stand-alone nonprofit organization, has worked in the community in recent years to create awareness of mental health needs, to reduce stigma, and to increase access to services. In 2018, a local tax initiative resulted in dedicated funding to support mental health needs via Building Hope; these funds are being used in part to increase access to behavioral health services.

Family Well Being & Parent Support

In Colorado, 12% of children lived in households that reported being food insecure at some point during the year in 2016 (Kids Count). Like many rural, resort communities in Colorado, 40% of families in Summit report relying on low-cost food. The Summit Rotary and Elks Club provides a free community dinner every Tuesday. In addition, several churches offer free dinners and food bank services. FIRC also houses a food bank accessible to community. During the COVID-19 closures, SSD partnered with smart bellies to provide daily meals to children and families in Summit County.

Home Visitation - Summit County has a long history of home visitation programming. Beginning in the early 2000s, Summit County Government (SCG) operated a universal

home visitation program utilizing the Parents as Teachers (PAT) curriculum. As the program grew, FIRC began providing home visits to Spanish speaking families. Today the FIRC serves around 50 families through a universal home visitation program called Families United. Families United serves both English and Spanish speaking families with children 0-5 years old. SCG houses one home visitation program: Nurse Family Partnership (NFP). Intermountain NFP serves Summit, Park, Chaffee, Clear Creek, Gilpin, Grand and Lake counties. They have a contracted caseload of 150 clients and are currently service 112 clients throughout the 7 county sites. EHS and HS center-based teachers also provide two home visits per year to enrolled families.

During the 2012-13 school year, the Summit Middle School started providing home visits to Spanish speaking families. In 2015 Kindergarten teachers also started to do home visits to children entering Kindergarten. This outreach has been very successful and has helped to build relationships between school district and families.

Parent Training and Education - Parents who have some knowledge of basic child development are likely to have more realistic expectations of their children. With this knowledge, parents are better able to provide the right amount of nurturing, supervision, and guidance. When parents understand their roles in their children's lives and learn about specific parenting techniques and strategies, they can form positive relationships with their children and have options for appropriate responses to typical child behaviors. Resilient parents are stronger parents. In times of stress or crisis, their children are less likely to be abused or neglected. When parents are depressed, or too consumed by their own problems, they often have difficulty providing for their children's needs. Resilient parents, however, have more patience with their children, especially in times of stress. Parent training and education is provided at local childcare centers, HS0-5, FIRC, and the Summit School District multiple times throughout the year- many of them free of cost.

Summit County has many parent training and education opportunities. Colorado Mountain College (CMC) provides college courses at extremely reasonable rates (around \$200 a credit hour) and provides scholarships for low-income students. CMC provides credited course work in addition to ESL and GED classes. Many local agencies provide parent trainings. FIRC's parent outreach includes cooking classes for parents, parenting groups such as Mamacitas and Daddy Boot Camp, and trainings specifically geared to parents of children 0-5. Building Hope offers monthly events such as Yoga, community cooking classes, and community awareness educational events focused on suicide prevention, addiction, and mental health supports. Early Childhood Options (ECO) coordinates Family Fun Literacy Fairs with Head Start, Rotary and CMC. ECO also sponsors Positive Solutions trainings designed to support Pyramid Plus Approach strategies. HS0-5 offers or partners with the FIRC and Summit School District to offer Positive Solutions trainings for Spanish speaking families. Every other year, ECO coordinates a Successful Child Conference for early childhood educators and parents of young children.

Child Abuse & Neglect

In 2016, the child abuse and neglect rate (per 1,000) in Colorado was 8.4. In 2017 it rose to 9.2 and again to 9.5 in 2018. The comparable data in Summit County was 7.2 in 2016, 2.8 in 2017, and 1.3 in 2018 (Kids Count). Over the past several years there has been an increase in child protection referrals, but a decline in the number of investigations and confirmed abuse (SCG-SS).

Foster care numbers have remained fairly constant over the years with placement of children being 0-3 per year (SCG-SS)

III. Summit County Early Head Start & Head Start-Internal Data

Children & Families

Summit County Early Head Start & Head Start has made a tremendous impact in our community. Its integrated model reflects the Summit County culture — we are all in this together. By utilizing expertise from various program partners, HS0-5 can operate a small but creative and innovative program.

HS0-5 funded enrolment is to serve 49 children—35 Head Start and 14 Early Head Start, with one EHS slot serving a prenatal mother. HS0-5 also hosts and manages 12 children through the EHS Child Care partnership with Clayton Early Learning. During the 2019-2020 program year, HS0-5 served a total of 71 children. The majority of enrolled children (79%) are from homes that speak a language other than English, mostly Spanish. Our families are employed in a variety of professions, mostly related to the service industry such as food/beverage, housekeeping, maintenance, and construction (HS0-5). In the 19-20 program year, 100% of HS0-5 families participated in a Family Partnership Agreement assessment and goal setting process focusing on both the child and family.

In 2018 Summit HS0-5 had a successful federal review with one area of concern related to teacher's skills in concept development. CLASS (Classroom Assessment and Scoring System) scores collected during the review. The CLASS is an assessment that rates the quality of teacher-student interactions. In addition, the SSD preschool sites serving Head Start programs are all at a level 4 rating from Colorado Shines, and community childcare sites serving both Early Head Start and Head Start have a level 3 or 4 rating.

Waitlists & Demand - Waitlist numbers for Head Start and Early Head Start child care/preschool were both very high. Waitlist for Head Start at the Summit School District were kept in their offices, averaging around 28 for the 19-20 program year, and jumping to 54 for the 20-21 program year. Waitlists for EHS childcare averaged around 31 children/families for the 19-20 program year.

Program Information

Staff Qualifications

HS0-5 has been fortunate to have highly trained staff in the SSD. Almost all of the SSD preschool teachers have a Master's Degree in Early Childhood Special Education or Bachelor's in Education/Early Childhood Education or are enrolled in classes to work towards the degree. The SSD requires that all para-professionals /preschool teacher assistants have an equivalent of an Associate's Degree and some early childhood course work. The community childcare programs have had more difficulties recruiting and retaining qualified staff. An additional challenge for all programs is to find staff with early childhood credentials in addition to speaking both English and Spanish. Given the challenges of finding bilingual teaching staff, home visitors and family engagement specialist staff are bilingual. Interpretation is provided to families when needed. Staff has access to many high caliber trainings offered at the local, state and national level.

School Readiness

HS0-5 center-based programs are using the online TS GOLD assessment with 3 data checkpoints per year. School Readiness Goals were created locally by a School Readiness Committee. Head Start requires that goals are created for each of the following domains: literacy & language, cognitive & knowledge, social & emotional, approaches to learning, and physical health & development. The EHS home based program is using a portfolio of screenings and assessments (e.g. PICLIO, Milestones, ASQ/ASQ-SE, etc.). Both center and home-based data points to the need for more focus on instruction related to language and literacy.

Parent and Family Engagement

HS0-5 offered multiple engagement opportunities for HS0-5 participants and families. We offered 22 socializations in the 18-19 program year, including multiple Bilingual Play Groups, Bilingual Story Times, and healthy cooking classes or yoga, hiking, and snowshoeing. We also offered 6 parent committees and 4 major program wide events including Back to School Night, Family Disco, Date Night, and Graduation. In addition to the events, we offer a monthly parent Policy Council Committee meeting, open to the whole program, but attended by our parent and community members to review program goals, objectives, outcomes and management as well as providing financial oversight. Our engagement opportunities are well attended and foster community, relationships and learning activities program wide. Children, parents, family members, and staff are all socializing and actively participating in our engagement opportunities.

Feedback from Head Start Parents, Teachers and Leadership Team Members

To gain additional feedback on trends impacting Summit County's families, a parent focus group and numerous one-on-one interviews were conducted. Ten Head Start

parents were engaged during a focus group held in early May, 2019. Later in June, two Head Start teachers and four representatives from the Head Start Leadership team were interviewed. All three groups were asked the same questions. Provided below is a very brief summary of the results of those interviews. (A complete list of responses from the interviews and focus group is included in the appendix.)

- **What is the Best Part of Raising a Family in Summit County?**

Parent Focus Group – Parents reported appreciating all of the various support programs available in Summit County. Parents also indicated that the schools were very good and that the community felt safe and supportive.

Leadership Team and Teachers – The leadership team and Head Start teachers reported similar themes to parents. They believe the best part of Summit County for families is how supportive the community is for new families. They also agreed that the schools are strong and that there are a lot of resources and activities for families to participate in.

- **What are the Greatest Challenges to Raising a Family in Summit County?**

Parent Focus Group – Most parents reported that finding affordable housing was the biggest challenge for them in Summit County. Having the first and last month's rent up front, which is typically required, is often a hurdle. Other challenges identified were health care and low wages. Parents also report struggling with the dynamics of making too much money to qualify for important services like Head Start and Medicaid.

Leadership Team and Teachers – The leaders and teachers felt strongly that the number one challenge for families was housing, which was impacted by low wages and lack of economic diversity. If jobs paid more, families could afford housing. Health care and child care cost were also noted to be stressors for families.

- **If You Could Pick One Thing in Summit that Would Make Life Easier for Families, What Would That Be?**

Parent Focus Group – Head Start parents believed that lowering the cost of housing would make a huge difference in their quality of life. The group also thought that there should be a program that helped immigrants qualify to buy a home or condo. Currently, many families do not have a family member with a Social Security Number, which is needed to secure a mortgage. Parents also reported that there is a significant amount of housing abuse that takes place, with landlords taking advantage of immigrants because they know that they have no other options.

Leadership Team and Teachers – Leaders/Teachers felt that the number one fix to make life in Summit County easier would be to create a livable wage and reduce economic stress. Currently, 70% of families make less than a sustainable wage for Summit County. In addition, parents wanted more affordable housing and child care services that were all located in one place. A concern was raised that the growing

availability of “affordable” housing in Summit County is still not affordable for low wage earners.

- **What Does Summit County Head Start Do Really Well?**

Parent Focus Group – Parents felt that Head Start does a great job educating both children and parents. They reported that Head Start provides a support structure and opportunities for socialization. Parents also reported that Head Start helped with more than just childcare. Head Start provides economic tools and links to other community resources. Parents liked knowing that their children were well cared for while they were working long hours.

Leadership Team and Teachers – The leadership team and teachers believe that Head Start does many things very well. The most common response to this question was that Head Start offers excellent wrap around support for children and families. Key informants also indicated that Head Start does an excellent job of partnering with other community agencies to ensure children get the tailored support they need. In addition, the leadership team and teachers believe that Head Start offers excellent resources to the schools and families such as funding, training and materials.

- **What Could Head Start Do Better to Serve the Needs of Its Families and Students?**

Parent Focus Group – Parents had very few responses to this question. Parents thought that Head Start could do more to help new immigrants to the community. There also was one comment that Head Start could do more to help provide a full continuum of early care and education for all children between the ages of zero and five.

Leadership Team and Teachers – This group had numerous suggestions about how to improve Head Start services. The most common response was related to staffing. Informants believed that Head Start could do a better job with managing staff transitions. Over the last several years there has been significant staff turnover that has disrupted the flow of programming. There also was some feedback that there could be more diverse staff, additional bilingual teacher training and social emotional training for parents. Availability of Head Start staff during school holidays (for example, Thanksgiving and Christmas) was also raised as a concern. Several members of the leadership team felt that Head Start needed to grow its capacity to serve more children.

- **What is Keeping Parents from Getting More Involved in Their Child’s Education?**

Parent Focus Group – Parents stated that the biggest challenge for them to engaging in their child’s education is time and work constraints. Parents said just meeting basic needs was a challenge, let alone adding extra meetings at school. Parents also thought that there might be some different cultural norms about the value of education and the role of parents in their children’s education.

Leadership Team and Teachers – Leaders and teachers indicated that economics and work schedules made it difficult for parents to engage in their child’s education. They suggested creating more opportunities for parents to participate in the classroom. They noted that Head Start classrooms in private centers appear to have more flexibility to engage parents than the School District classrooms. Respondents suggested adding more chances for parents to come into the classroom, observe and have conversations with teachers. They also suggested offering more classes about how to teach their children.

- **Are Head Start Students Ready for School When They Start Kindergarten?**

Parent Focus Group – Parent firmly believed that Head Start students are fully prepared for kindergarten. One parent described having one child in Head Start and one not in Head Start. She strongly believes that the Head Start child was better prepared for school. Parents observed their children being better prepared in the academic setting but also with social/emotional decision making.

Leadership Team and Teachers - The key respondents strongly believed that Head Start children are prepared for school when they start. They stated that Head Start children were more prepared than children who did not have a preschool experience. One teacher said that there can be exceptions to the rule related to readiness for school, especially in cases where stressors in the home environment impact the child.

IV. Key Community Strengths

Summit County continues to address the challenges and hard work of improving the quality of comprehensive services provided for young children. Professionals in the field of education and human services work diligently together to educate the public and policy makers on the issues affecting the health and well-being of young people in Summit County.

Summit County is fortunate and unique to have a local property tax dedicated to early care and education. This initiative is called the Right Start Project (RSP). The Right Start Project’s main goal areas are the following: Recruiting and retaining qualified staff; tuition assistance; increasing the quality of programs; parent education; capacity building; and evaluation. The tax was reauthorized by voters in 2013. Several committees are currently meeting to make recommendations that will impact the RSP model. Committees include a finance task force and a data and evaluation committee. Since the start of RSP in 2005, RSP has provided significant support to the HS0-5 program.

Collaborative partnerships work to gather reliable data that can reflect the well-being of local children and can be tracked over time to measure the progress of prevention and intervention efforts in the community. Some reports that reflect this history of work are:

2002 Impacts of Childcare in Summit County; 2004 Status of the Summit County Early Childhood System; and 2005 State of Summit County's Children and Youth: Indicators of Well-Being, and 2011 Rural Resort Region-North East Early Childhood Council Early Childhood Assessment (Omni). The 2014 Summit Early Childhood Community Assessment will also paint a current view of the early childhood landscape and recommendations for continual improvement.

Results-based accountability is important for Summit County's continued investment for young children. This type of community commitment serves as a springboard for discussion and further planning to meet the needs of all children and to build a community system to serve children and their families.

It is expected that Summit County will continue to be a destination for immigrants. Many community organizations have committed to exploring ways to promote effective immigrant integration and to meet their needs.

Another community initiative, Pyramid Plus implementation, has a group that meets regularly to discuss how to improve the social emotional development of young children and increase in inclusive practices. The local Early Childhood Leadership Council has active subcommittees: Health Navigators, Data & Assessment, Finance Taskforce, Professional Development and School Readiness. All of these committees are continually examining ways to increase the quality and availability of quality care in Summit.

Summit County has a strong commitment to working collaboratively at the local level as well as at a state level to build quality systems that support families and children. In fact, community partnerships are the foundation that will ensure that children and families achieve healthy outcomes.

V. Resources to Enhance Program Operation

Summit County residents have access a variety of quality resources. All resources are available to every resident with the exception of some income-qualifying services. The traveling distance between towns can limit accessibility. Availability is limited in the capacity of the organizations to provide services to a rapidly increasing population.

Building Hope – Building Hope Summit County is a community wide initiative designed to create a more coordinated, effective and responsive mental health system that promotes emotional health, reduces stigma, and improves access to care and support for everyone in Summit county. Programs and supports are available in English and Spanish.

- Mental Health support groups
- Community Connection Events for All Ages
- The HYPE- Youth connection, specialized youth connection events

- Scholarship program for Mental Health services including group support
- Outreach and education to English and Spanish speaking community
- Trainings- Mental Health Trainings including Mental Health First Aid, QPR, and Behavior Health Navigation and Literacy
- Stigma Reduction Campaigns for Adult and Youth
- Network and Support for the private providers in the community to develop and build treatment capacity.

Early Intervention – Early Intervention program provides supports and services to children with developmental delays or disabilities and their families from birth until the child’s third birthday. Early Intervention Colorado can help families learn ways to support and promote their child’s development within their everyday routines and activities.

- Part C Service and resource coordination
- Connection to funding sources to help defray costs of services
- Information and Referral for families with children ages 0-3 with special needs
- Information about child’s development
- Information about parents’ and child’s rights
- Database of community resources and services
- Referrals for preschool

Family and Intercultural Resource Center – A community-based non-profit organization that has the unique role of educating and managing family directed services, directly providing timely emergency assistance including food, clothing, and temporary financial support to residents and families in need.

- Information and referral services
- Warm Welcome home visitation to new babies and their families
- Parent education and parenting classes for English & Spanish speaking families
- Parents as Teachers program
- Food Bank
- Summit Thrift and Treasure Store – recycled clothing, furniture, etc.
- Translation and Interpretation Services
- Housing Works Initiative
- Immigration Information- DACA support
- Health Navigators- health insurance support and enrollment
- Mamacitas & Padres parenting groups
- ALMA- mental health support for Latina women in Summit County
- Promoting Health- personalized health action plans and support
- Mental Health Navigation support

Summit County Public Health Nursing/Family Planning – provides and assists in access to comprehensive health and human service with a focus on education and prevention that maintain the dignity of the individual and family. Provides health services that include assessment, assurance, and policy development.

- Colorado Child’s Health Plan Plus
- Colorado Prenatal Care program
- Baby Care (Medicaid for pregnant women)
- Nurse-Family Partnership
- Immunizations
- Early Periodic Screening and Diagnostic Treatment
- Family Planning
- Aids/HIV Screening
- WIC (Women, Infants, and Children)- Nutrition Education and supplement
- Foods for pregnant women, breast feeding infants up to one year, and for children 1-5 years of age.
- Nurse Consultation to Child Care Centers
- Information and referral for prenatal care
- Well Child Care
- Information and referral for services for Children with Special Health Needs
- Infant Care Seat Safety checks

Summit Community Care Clinic – A Federally Qualified Health Center that provides primary care, behavioral health and oral health services for all, regardless of ability to pay. Provides a sliding fee scale for uninsured patients. Operates School Based Health Centers in Summit County schools.

Summit County Department of Social Services – Provides a variety of programs for people of all ages from prenatal to senior citizens. Social Services focus principally on vulnerable and at-risk clients such as low-income families, children in need of protection, the aged, and the disabled. The mission is to assist eligible client groups on achieving core needs such as shelter, food, and health care, while working with clients to reach the goals of self-sufficiency and independence.

- Child Support Enforcement
- Child Care Assistance payments
- Colorado Child Health Plan Plus
- Temporary Assistance to Needy Families
- Baby Care/Kids Care Medicaid
- Food Bank
- Foster care for abused for abandoned children
- Family Child Care Licensing
- Special Circumstance Childcare – for children with safety needs
- Limited Emergency Assistance for medical/dental/optical/temporary housing
- Baby Care/Kid Care (Medicaid)
- Individual/Family therapy
- Sexual abuse treatment
- Child Protection Services
- SNAP

Summit County Housing Authority – Ensures the continuing availability of appropriate housing for permanent and seasonal residents of Summit County who are not otherwise adequately served by the market.

- Housing information and referral
- Section 8 Housing Assistance
- Home Buyer Classes

CASA (Court Appointed Special Advocate) – Advocate for children in court cases. Children helped by CASA volunteers include those for whom placement is being determined. Most of the children are victims of abuse and neglect.

- Trained volunteer appointed by judge to represent the best interests of the child
- Children helped will include those for which home placement is being determined
- Advocacy and trust for children during complex legal proceedings
- Work closely with Guardian and other parties including parents

Summit County Early Childhood Leadership Council – Advocacy/informational group for all early childhood care and educational programs throughout Summit County.

- Information sharing between the early childhood community; Advisory group to the Board of Early Childhood Options; Colorado Preschool Program Advisory Council; Early Intervention Advisory Council.

Early Childhood Options – Assists families in obtaining quality, licensed childcare, and related family services.

- Child care referrals to licensed childcare homes and center providers
- Child Care Quality Improvement Initiatives
- Parent/provider trainings
- Professional Development support and scholarships
- Head Start 0-5 Program
- Summit Pre-K Tuition Credit Program

Summit County School District RE-1 – Summit County’s public school system.

- Child Find
- Colorado Preschool Program, age 3 and 4 years

Mind Springs Health - Provides opportunities for the individuals, families, and communities serviced to improve the quality of their lives. Provides the high quality mental, substance abuse, and behavioral health services.

- Counseling groups for parents and children
- Individual play therapy
- Child psychiatry for assessment and medication

Summit County Youth and Family Services – Dedicated to serving the unique needs of families in Summit County. Our staff and volunteers provide health-oriented programs to individuals, children, and parents who face the challenges of maintaining a

positive lifestyle. The department works hand in hand with the Department of Social Services, Public Health Nursing, and numerous local, not-for-profit agencies to provide a continuum of service from early prevention through treatment and aftercare.

- Family Support/Enhancement Program
- New parents support groups
- Mountain Mentor Program
- CARE Network

Bristlecone Health Service, Inc. – Provides a continuum of support services to promote health, dignity, and independence. Bristlecone strives to provide the best quality care of our clients, families, and community, maximizing each individual’s potential through the utilization of staff and volunteers.

- Education and information regarding in-home health care services, disability options, bereavement, and hospice care
- Home Care
- Skilled Nursing
- Home Health Aids
- Personal Care and Homemaker
- Occupational Therapy, Physical Therapy, Speech Therapy
- IV therapy, Chemotherapy
- Coordination of Oxygen
- Pain Management
- Hospice Care

Silverthorne & Breckenridge Recreation Centers - Provide year-round athletic and recreational services for the community with economic, recreational, and social opportunities for all citizens to have a mountain quality of life.

- Health/Wellness
- Aquatics
- Gymnastics/Tumbling
- Special events
- Child care while parents use center
- Breckenridge Rec Center-licensed school age child care

Summit Stage – Provides free public bus transport throughout the county.
7 day a week free transportation

Pyramid Leadership Team (PLT) – Summit County is a Pyramid Plus Implementation Community. With support from the Colorado Health Foundation, Summit has been working on scaling up Pyramid efforts including teacher and parent trainings throughout the field of early childhood. Summit currently has 3 certified trainers and 2 certified coaches. Over 85 early childhood professionals in Summit have participated in Pyramid trainings in the last 5 years.

Right Start Project (RSP) – originally passed by voters in 2005, this local tax initiative was reauthorized in 2013 to provide ongoing support to early care and learning in Summit County. The RSP provides support for wrap-care EHS/HS children in community care, scholarship and salary supplements for EC Teachers, child care tuition assistance, quality grants and parent education.

VI. Trends and Observations

Based on the 2019 Community Assessment, several significant trends emerged that may have long term impact on the community and how HS0-5 delivers its programs in the future. Summarized below is a list of the major trends identified from this report.

- **Population Changes** – Changes in the population of Summit County may have an impact on the demand for Head Start and other early care and education services. The zero to four population is projected to only grow by 4% in the next 20 years while the total population of the county is projected to expand by almost 16%.
- **Employment Challenges** – While Summit County has a robust economy, there are limited opportunities to increase wages. Over 47% of jobs in the community are in the service industry and wages only increased by 2% between 2011 and 2016. The average employee in Summit County must work 1.5 jobs to make ends meet. The long hours worked in low paying jobs significantly impacts the level of engagement HS0-5 parents can make to their children’s education.
- **Cost of Housing** – The lack of affordable housing in Summit County is consistently identified as a challenge for Head Start families. Families report spending between 40% and 60% of their income on housing. The cost of renting increased by 42% between 2011 and 2016. Parents, teachers and Head Start leadership all reported that housing was a major issue for low income families. Parents also reported that it was a challenge to raise their young children in substandard housing situations.
- **Cost of Living and Poverty** – Families in Summit County are greatly impacted by the cost of living. While wages average \$15 per hour, the cost of living is estimated to be over three times current Federal Poverty Level (FPL) guidelines. The FPL for a family of four is \$24,600. According to the Colorado Self-Sufficiency Standard (developed by the Colorado Center on Law and Policy), it costs a family of four in Summit County over \$90,000 to make ends meet. Cost of living continues to challenge Head Start families at every level.
- **Changing Demographics** – The number of Hispanic residents in Summit County increased by 54% between 2000 and 2010. Eighty percent of children enrolled

in ECEHS/HS speak a language other than English. It is anticipated that the demand for Head Start services for Spanish speaking families will continue to grow in the future.

- Demand for Mental Health Services - While social emotional growth over the years has been strong, the number of mental health referrals continues to increase. Over 21% of residents reported struggling with depression. Lack of mental health resources for Spanish speaking residents continues to be a major gap in the community. The lack of resources significantly impacts Head Start families who need additional social and emotional support services.
- Increase in Identification of Special Needs - Children with special needs and qualifying for Early Intervention services are at a record high. Twenty percent of EHS/HS enrollment (double the required 10%) was children with special needs. The number of referrals for Part C services increased by 144% over the last four years. Head Start staff will be impacted by the growing trend in the number of students with special needs.
- Community Mobility – Due to the challenges related to the cost of living in Summit County, the community tends to see a high rate of mobility both by families and Head Start staff. Feedback during the focus groups and key informant interviews indicated that staff turnover at HS0-5 had impact on the program quality. It was recommended that management develop a strategy to ensure smooth transitions during staff onboarding.

VII. Strategic Implications for Head Start

By examining the data and trends, HS0-5 can make strategic decisions and engage in purposeful planning. The following are recommendations for the HS0-5 program to meet the needs of low-income families and young children in Summit County.

1) Quality Teaching and Learning

- Work on retaining qualified staff: provide salary supplement awards, scholarships for Early Childhood educational coursework, individualized coaching support for staff and teachers.
- Community Professional Development committee meeting quarterly to plan training opportunities for staff and teachers.
- Utilize assessment and program data to improve outcomes for children.
- Focus on staff health and wellness.

2) Cultural & Linguistic Responsiveness

- Identified strategies to recruit and retain bilingual staff representative of the cultures of our families.
- Annual staff training on Planned Language Approach for shared understanding of classroom language models.
- Utilize cultural and linguistic needs and trends. Current needs: Spanish speaking staff, staff with diversity training, materials in multiple languages, materials available in reader friendly language.

3) Parent, Family & Community Engagement

- Work with community agencies that serve parents to increase access to resources related to housing, job training, food assistance and other self-sufficiency efforts.
- Work with program partners to coordinate and promote parent and training opportunities.
- Give families access to resources to help with high costs of housing.

4) Health

- Coordinate with community agencies that provide health and mental health services for low income families.
- Advocate for children with special needs.
- Continue to work with and connect families to disability services and therapies in community childcare centers and decrease lapse in disability services between programs.

5) Program Management & Fiscal

- Encourage EHS/HS staff to attend and participate in community meetings and groups for input and collaboration.
- Ensure fiscal stability by continuing coordinated systems and budget review.
- New hire orientation and HR shared services.
- Set up coordinated systems for smooth transitions and staffing changes.
- Provide leadership trainings for staff and center directors.
- Continue to participate in and monitor CCCAP partnership and seek out other innovative strategies to ensure full day full year care.
- Leverage other funding opportunities and resources to help offset high costs of full day/full year care for eligible children.

6) Community Awareness

- Support a coordinated community partner referral system.
- Promote HS0-5 program and services in the community.

- Utilize community, state and national data to monitor needs and trends. Current needs: CCCAP/HS alignment, monitor state and national legislation impacting Head Start and early childhood.
- Ensure required reporting (Self Assessment, Community Assessment, Annual Report) is shared with key stakeholders.
- Coordinate with other community partners to ensure a continuum of care and resources for families of children ages birth-5 years old.

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